

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		0					55						
6		0					56						
7		0					57						
8		2					58						
9		2					59						
10		2					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15	1						65						
16		1					66						
17		2					67						
18		2					68						
19		0					69						
20		0					70						
21		0					71						
22		2					72						
23		2					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓	4	↓		↓	
TOTAL DEP.	30	←		←		←	TOTAL DEP.	←	39	←		←	
TOTAL CLAIMS	32						TOTAL CLAIMS		41				